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Date: April 4, 2008

To: Notice of Appeal

US Patent and Trademark Office

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Re: 10/624,350

S-99,952

Sascha Kreiskott

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Comments:

Included in this facsimile transmittal are the following documents for filing in the above-identified patent application:

Notice of Appeal Appeal Brief Transmittal of Appeal Brief Fee Transmittal in the amount of \$255.00

Fee Payments Authorized: \$255.00

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Rev. 02/02/06

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FEE TRANSMITTAL	Complete if Known				
For FY 2007		Application Number:		10/624,350	
Patent fees are subject to annual revision		Filing Date: First Named	Inventor:	7/21/2003	
		Examiner Na		Sascha Kreisi Nicholas Smit	
☐ Applicant claims small entity status. See 37 CFR 1.27		Group/Art Ur		1753	<u> </u>
TOTAL AMOUNT OF PAYMENT: \$255.00		Attorney Docket No.:		S-99,952	
METHOD OF PAYMENT (check all that apply)	T	FEE CALCULATION (continued)			
				(00//////000/	4
The commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account Number: 12-2150 Deposit Account Name: Los Alamos National Laboratory Charge Any Additional Fee Required Under 37 C.F.R. 1.16 and 1.17	Large Entity Fee Fee Code (\$) <u>Code (\$)</u>	<u>Fee Descript</u> Surcharge – late fili		Fee Paid
FEE CALCULATION	1052 \$5	0 2052 \$25	Surcharge – late pro	ovisional fillng fe	e or cover sheet
1. COMBINED FILING FEE Large Entity Small Entity Fee Fee Fee Fee Description Fee Paid 1001 \$310 2001 \$155 Basic Filing fee \$0.00 1004 \$310 2004 \$155 Reissue Filling fee \$ 1111 \$510 2111 \$255 Search Fee \$0.00 1005 \$210 2005 \$105 Provisional Filing Fee 1085 \$260 2085 \$130 Provisional Size Fee (for each additional 50 sheets that exceeds 100 sheets) SUBTOTAL (1) \$0.00 2. EXTRA CLAIM FEES/APPLICATION SIZE FEE Extra Fee from Fee Paid Claims Below Total Claims -20** = X = \$ Independent -3 ** = X = \$ Claims Multiple Dependent X 180 = \$ ** or number previously pakd, if greater: For Relssues, see below Large Small Entity Entity Fee Fee Fee Description 1202 \$50 2202 \$25 Claims in excess of 20 1201 \$210 2201 \$105 Independent claims in excess of 3 1203 \$370 2203 \$185 Multiple dependent claims in	1251 \$12 1252 \$44 1253 \$16 1254 \$16 1255 \$222 1401 \$55 1402 \$55 1403 \$10 1452 \$55 1814 \$11 1453 \$154 1460 \$13 1808 \$18 1810 \$81 1811 \$10 1504 \$30 1801 \$81	20 2251 \$60 80 2252 \$230 i 050 2253 \$525 40 2254 \$820 30 2255 \$1115 10 2401 \$255 10 2402 \$255 10 2402 \$255 10 2452 \$255 10 2452 \$255 10 2453 \$770 30 1460 \$130 30 1806 \$180 10 2809 \$405 10 2810 \$405 10 1504 \$300 10 2801 \$405	For filing a request Extension for reply Notice of Appeal Filing a brief in s Request for oral Petition to revive Terminal Disclaime Petition to revive - Petitions to the Di Submission of Infe Filing a submissio (37 CFR 1.129 (a) For each additions examined (37 CFR Certificate of Corre Publication fee for or normal publicat Request for Contin	within first month within second monthly within third monthly within fourth monthly within fifth monthly within the w	onth onth onth onth peal \$255.00 ure Statement ction
excess of 3 over original patent	Other fe	e (specify)			
1205 \$50 2205 \$25 Reissue claims in excess of 20 over original patent Total Claims Fee \$ 0.00 APPLICATION SIZE FEE	SUBTOTAL (3) \$255.00 Reduced by Basic Filing Fee Paid SUBTOTAL FROM 1 \$ 0.00 SUBTOTAL FROM 2 \$ 0.00 SUBTOTAL FROM 3 \$ 255.00 TOTAL AMOUNT OF PAYMENT \$ 255.00				
1081 \$260 2081 \$130.00 For each additional 50 sheets that exceed 100 sheets, including specification and drawings SUBTOTAL (2) \$ 0.00					
(Include total of Claims Fees and (Enter total amount at top of page) Size Fee here)					
SUBMITTED BY				Complete (if applicable)	
Printed Name: Juliet A. Jones				Reg. No.	54,202
					
Signature:		Date: April 4, 2		Telephone	(505) 606-2235